



City of Chattanooga
Board of Zoning Appeals Application

CASE NUMBER _____ DISTRICT # _____

1. Address of Property for which Variance is requested _____

2. Tax Map-Group-Parcel # _____ Present Zoning: _____

3.

APPLICANT NAME: _____ MAILING ADDRESS: _____ _____ PHONE: _____	PROPERTY OWNER NAME: _____ MAILING ADDRESS: _____ _____ PHONE: _____
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4 Specify the exact nature of the request _____

5. Special Permit Yes No
What type Special Permit: _____

6. Interpretation Yes No

7. The laws of the State of Tennessee require the Board of Zoning Appeals to determine that the hardship conditions are on the property only and “are not that of the applicant” before a variance can be granted. **PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

a. What type of hardship on this property requires a variance to be granted?
Unusual Shape ☐ Topography ☐ Parking ☐ Easements ☐
☐ Other (Please Explain): _____

b. Was the hardship created as a result of an act of the applicant? Yes ☐ No ☐

8. Do you: Own the property Yes No
Lease the property. Yes No If so, what is the term of lease _____ years.
Have an offer to purchase the property Yes No
Have another type of interest in the property Yes No
If so, what is the type of interest? _____

A maximum 11” by 17” site plan drawn to scale of the property showing the size, location and use of all buildings and structures on the subject property, building setbacks (measurements between all structures and all property lines), proposed landscaping and drainage plans, playground, parking and loading facilities, and points of ingress and egress must accompany this application. A check payable to the City of Chattanooga must accompany this application in the amount of \$75.00. **This is a non-refundable fee.**

I hereby certify that the facts set out in the foregoing request are to the best of my information and belief. I understand that failure to provide adequate and complete information shall be grounds for denial of this application. I also understand that if no representative appears before the Board, the disposition of this request may result in a denial or a postponement until the next monthly meeting.

You must stop all work, including, but not limited to any cut or fill of property, construction or alteration of or on the building or property that is the subject of this application and request for a variance or special permit.

Applicant or Agent Name
(Please Print)

Date

Signature

Received By: _____
Date Received: _____ Job # _____

FILL THIS OUT COMPLETELY

Previous BOZA history at this site ☐ Yes ☒ No

If yes, Case No. _____

OUTCOME:

Is the use of the property changing: ☐ Yes ☐ No

Lot Area: _____ Square Feet

What are the dimensions (measurements) from your proposed structure to the property lines?

Front Setback dimensions: _____feet

Rear Setback dimensions: _____ feet

L Side Setback dimensions: _____ feet

R Side Setback dimensions: _____ feet

Frontage along street: _____ feet

OFFICE USE ONLY BELOW

VARIANCE applications require the following supporting materials			
Document	Yes	No	N/A
Application form			
Filing Fee			
Scaled Site Plan (no larger than 11" by 17")			

SPECIAL PERMIT applications require the following supporting materials			
Document	Yes	No	N/A
Application form			
Filing Fee			
Scaled Site Plan (no larger than 11" by 17")			
Day Care Checklist (if applicable)			
Telecommunications Tower Checklist (if applicable)			
Home Occupation Checklist (if applicable)			
Residential Home, Halfway House or Rehab Center Checklist (if applicable)			
Animal Grooming/Veterinary Hospital Checklist (if applicable)			
Open Air Market Checklist (if applicable)			

INTERPRETATION requests require the following supporting materials			
Document	Yes	No	N/A
Application form			
Filing Fee			
Scaled Site Plan (no larger than 11" by 17")			
Statement of the Specific Issue to be Interpreted			